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THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

Incorporating
THE LOS ANGELES JOURNAL OF ECLECTIC MEDICINE
AND THE CALIFORNIA MEDICAL JOURNAL.

ISSUED MONTHLY

MAY, 1914

O. C. WELBOURN, A. M., M. D., Editor

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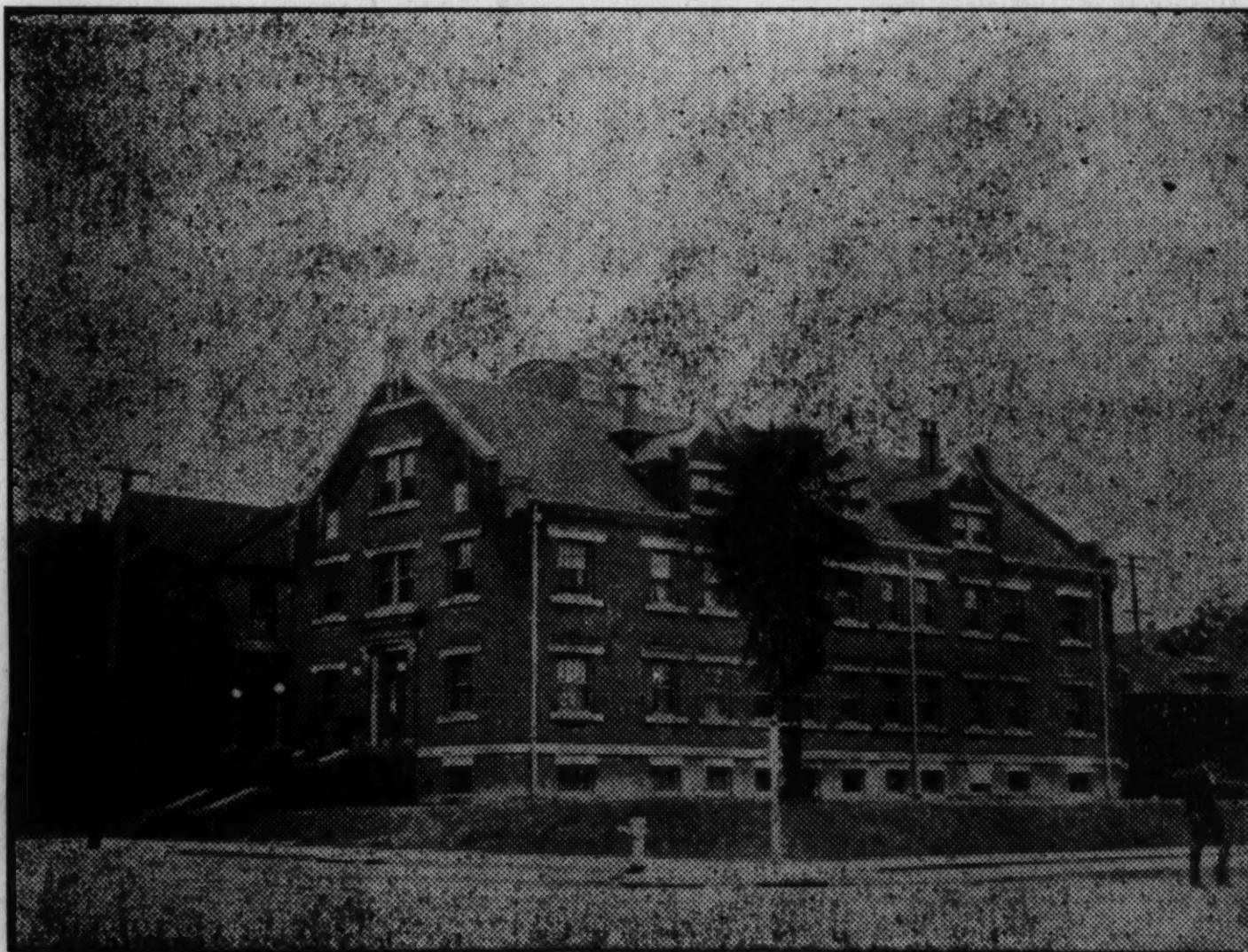
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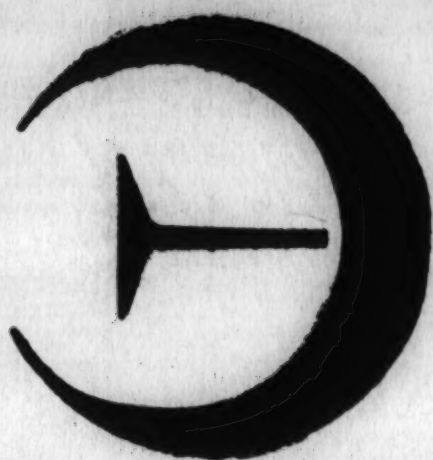
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The California Eclectic Medical Journal

Vol. VII.

MAY, 1914

No. 5

Original Contributions

MUCOUS COLITIS

H. V. Brown, M. D., Los Angeles

The Journal is still suffering from the attack of mucous colitis inflicted upon it last month, and wants some one to offer a cure.

With this disease, as in all others, one must not overlook the details of the individual case; in other words, he must treat the patient rather than the disease. This is one of our strong Eclectic tenets and comes closer to the scientific mark than anything else in medicine.

Since being requested to write on this subject it was my privilege to be called to a neighboring village to confer with a colleague over a troublesome case which would not yield to treatment. The history and examination revealed a case of long standing mucous colitis with the usual cycle of obstipation, followed by toxemia, fever, pain and a final outpouring of large quantities of thick, foul smelling mucus, leaving the patient in a state of weakness, bordering upon collapse. At these critical times sedatives and astringents were administered empirically, and after a time the poor victim would be able to crawl around and attend to her many duties in a home over-blessed with children. This particular subject being a woman, a vaginal examination was made and a pronounced retroversion with catarrhal endometritis was found to exist. I was convinced of the importance of this finding as an etiological factor in the colitis and advised that an attempt be made to correct the same by employing proper douches, tamponing and other local and general measures. Now as to the treatment of the bowel per se, where the condition is one of chronic irritation and hypersecretion in the colon with a paresis of

the rectum, I concluded that the important desideratum was to induce a daily free evacuation of the bowels with as little irritation as possible. To this end I suggested internally one tablespoonful of albolene (or any pure hydrocarbon oil) before each meal, augmented with a bed-time enema of 4 to 6 ounces of the same oil, given high by means of a bulb rectal syringe and soft catheter or colon tube, and to be retained until morning. The diet was properly regulated and other indicated remedies given and the result was exceedingly satisfactory.

THE INFECTIONS IN CHILDHOOD

H. C. Smith, M. D., Los Angeles

Read before the California State Eclectic Medical Society

A great deal of time might be taken up in the discussion of this subject and much of it profitably. The common infections with which we have to deal, the eruptive diseases, are usually handled easily by the specific medicationist and do not require any extensive discussion, but there are some points I wish to bring out.

First I wish to discuss the most infectious of all, measles, and her milder sister, German measles. They are very similar, except that German measles has a longer incubation period, shorter course, and is milder in its manifestations. These two diseases may readily be mistaken for each other early, and the eruption of German measles occasionally assumes an appearance and distribution similar to scarlet fever, but there is no very good or valid reason why one should long confound either kind of measles with scarlet fever. Measles are diseases due to some infecting agent which spends the bulk of its force on the mucous membranes, usually the nasal and conjunctival, and upon the skin. There is usually considerable irritation of the nerve endings just prior to the eruption, if the eruption is free, and decidedly marked if the eruption fails to appear promptly. The temperature, too, is of a catarrhal type, being only moderate, with the pulse rate in proportion. Von Pirquet believes that the order of development and spreading of the rash is the result of a "reaction with the measles organism or virus which takes place in the capillaries of the skin." This seems rational to me. The rash certainly differs materially from that of scarlet fever. The scarletinal rash not only differs as to points of appearance and distribution on the body surface, but especially differs in character. Scarletina, whether a streptococcic infection or not, is essentially a virulent infection of rapid onset, rapid progress, high tem-

perature, and marked prostration. Instead of exhibiting its influence in the terminal blood vessels, it attacks the epithelial tissues throughout. There are no raised areas in the skin with discreet papular spots, with anaemic areas surrounding, as in measles, but the so-called eruption is in reality a genuine inflammation of the epithelial layers of the skin. Measles is not followed by a true desquamation, although there may be some branny exfoliation due to the strictly localized death of the epithelium by interference with its nutrition through its capillary circulation. I have in mind a circumstance which tends to connect scarlet fever directly with the known streptococcic infections. During a very virulent epidemic of erysipelas three years ago, a man was attacked with that disease. Later his wife contracted the disease, but his three children came down with typical scarletina, they being the only known cases in that part of the country. Like the other streptococcic infections, scarletina has a known and well-defined point of entry into the system and that a common point of entry for streptococcic and other infections, that is: the tonsil. What are frequently classed as complications and sequellae are, as a matter of fact, merely a part of the disease. The otitis media is merely an extension of the epithelial inflammation from the tonsil, and pharynx through the eustachian tube and thence to the middle ear. The epithelium of the kidney is probably always involved, but the inflammation, like that in the skin, is usually transient and does not involve the deeper parenchyma unless the disease is markedly severe or the eruption in the skin is retarded. The temperature is always high in scarletina and this is a differential point in diagnosing it from measles, as we should be dubious as to the outcome of a case of measles in which the temperature rose to a height which would naturally be expected in a case of scarletina. Measles is normally a mild disease; scarletina, always a disease requiring skill and close attention in its care, hence the necessity for a correct diagnosis.

The newer English text books describe "The Fourth Disease," a disease supposed to partake of the characteristics of all these, more or less, yet identical with none. Whether or not this is the disease with which I have had some experience, I do not know. The cases I have seen present a fairly constant clinical picture: fever, vomiting, sore throat and rash. The fever is moderate—100-101 F.,—in children two or three years of age. The vomiting much resembles the initial vomiting of scarletina, but is more likely to persist. The sore throat is very similar to a scarletinal throat, excepting much less severe and usually accompanied by some corrhyzal symptoms. The

rash sometimes simulates that of German measles, but more often looks exactly like that of scarletina as it begins to fade. However, a rapid and free clearing out of the gastro-intestinal tract also clears the diagnosis by curing the affection.

Another infection in which sore throat is a factor, and one which we as little like to meet as scarletina, is diphtheria, and when we get a combination of the two, as sometimes happens, we have our hands full, indeed. In diphtheria we have really a double disease—a local process in the throat of considerable moment, due to the presence of the infecting agent, and a general condition of especial consequence due to the toxins of the agent. If the pseudo membrane built up in the throat is very extensive or is situated on or below the epiglottis, then we have a grave condition with which to deal to prevent immediate dissolution on the part of the patient, and at the same time have a grave general condition to combat to prevent post-diphtheritic paralysis or other results of a general toxic process. Fortunately, this general toxic process produces a languor and prostration early in the young patient, and this attracts our attention to the source of trouble.

Diphtheria may or may not be an eruptive disease, but as there is sometimes a rash, and it is a common infection of childhood, I have included it in that list.

Another infection similar in this respect is cerebro-spinal fever or acute cerebro-spinal meningitis. The appearance of a rash in a majority of the cases in the earlier epidemics gave rise to the appellation "spotted fever," but this is a misnomer, as the rash is a very uncertain sign in this disease.

Of all the infections of childhood, this is probably the worst, as the mortality is large, and when we are successful in saving life, the mental condition in many cases is such that the patients were better dead. It is a disease of the vascular system of the pia-arachnoid of both the brain and cord. Particular reference is had to that induced by the *diplococcus intracellularis meningitidis*.

A twin sister and also a probable precursor of cerebro-spinal fever is acute anterior polio-myelitis. This is a disease of the circulatory system of the anterior horns of the cord and the paralysis from which it derives the common name of infantile paralysis is due to the exudation into the anterior cornua. The permanent paralysis of the affected parts is due to pressure from organization of the exudate and to an obliterating end-arteritis.

Time will not permit of a more exhaustive discussion of the subject now, but other infections affecting the child and treatment of the infections of childhood may be discussed in another paper.

CARBON DIOXIDE ICE IN SKIN CANCER**A. S. Tuchler, M. D., San Francisco, Cal.**

Of all the different modalities that have been used and tried in these slow, obstinate and long standing facial blemishes, there is none that will give such positive results as the application of carbon dioxide ice.

In the early stages of this affliction, two or three applications is all that will usually be required. It will require deep pressure to the sore with the iced stick for about thirty to sixty seconds once in three weeks. There will hardly be a mark left of the former epithelioma.

In the more advanced cases, those in which the destruction of tissue is quite pronounced and of some depth, a longer period of time will be necessary to accomplish the above result.

The application of the carbon dioxide stick should be from thirty to sixty seconds and made with firm, deep pressure to the lesion. Should a blister form from this application, then it is advisable to leave it alone and allow it to dry up.

Should there be any pain from the application, then cloths wrung out of hot water and applied frequently, will relieve this. The lesions, after being treated, must not be covered, and if they should be on any part of the body which is covered with clothing, then a vaccine shield should be placed over it and secured with adhesive stripes so that the clothing does not come in contact with it. If there is any discharge from the treatment, gently mopping it with absorbent cotton will suffice.

In treating lupus in this manner, the results have been found to be equally good.

Senile keratoses of the skin in the aged is usually a forerunner of an epithelioma, so that the destruction of these facial blemishes, one or two treatments of medium pressure for fifteen seconds three weeks apart, will be found an excellent prophylactic of a more serious nature in later years.

But the constitutional remedy must not be lost sight of nor overlooked in treating any of these skin lesions.

Berberis aquifolium is one of the best remedies where the skin is dry, inelastic and scaly. Fifteen drops of the specific medicine four times a day will do wonders. *Rumex*, in ten to thirty drop doses four times a day, where there is indolent ulceration, anemia and little disposition to respond to treatment is indicated. It will surprise everyone by its tonic effect upon the system.

Phytolacca, in ten drop doses four times a day, will be

called for when the mucous membranes are pallid, a burning pain and glandular swelling.

Echinacea will be indicated where the tongue has a dark coating and the mucous membrane inclined to redness. As a blood purifier it is unexcelled and will relieve the pain of cancer of the throat better than any opiate.

Hydrocotyle asiatica in lupus is an excellent remedy in ten drop doses of the 1x dilution every three hours. It will be indicated when the skin is thick and scaly with profuse perspiration.

When the vital forces are on the wane and the patient complains of exhaustion and weakness, strychnine sulphate in 1/30th grain doses four times a day will be a very necessary remedy throughout the entire course of treatment. The bowels must be carefully looked after. The epsom bath two or three times a week will also help to comfort the patient. One pound of this salt to the bath will suffice.

STUDENTS MUST BE VACCINATED

George B. Abbott, M. D., Los Angeles

The Appellate Court of the State of California has handed down a decision upholding the stand taken by the University of California authorities that every student registered at the institution must submit to vaccination. In other words, no child or person not vaccinated shall be admitted or received into the University of California, in accordance with the requirements of this decision, coming from a court that is supposed to be a source of high intelligence and dignified justice to the people of the state. No healthy child can lawfully be taught in this university until he shall have been diseased. "No disease, no education," is the grewsome mandate of this court. "Be diseased or grow up in ignorance," is the inscription written over the door of the University of California, in violation of right, reason and common sense. Think of it, reader! The enjoyment of health is made a penal offence by the decision of the Appellate Court in defiance of the people, who passed a law making vaccination optional with the person affected. Think of this unparalleled injustice and the wisdom of the court rendering the decision.

We need only to turn to Japan to find the most vaccinated and re-vaccinated people in the world, with the highest death rate from smallpox.

The Health Department of New York City reported: "The special prevalence of smallpox in countries where vaccination has been long and effectually practiced, and its occur-

rence in the most fatal forms in persons who gave evidence of having been well vaccinated, must lead to a re-investigation of the whole subject and of its claim as a protective agent."

Cancer was practically unknown until cow-pox vaccination began to be introduced. It is certainly about time to study out the possible connection between the two.

I have had to do with many cases of cancer, and I never saw a case of cancer in an unvaccinated person.

From the Medical Counsel, May, 1913, we read, "Within the past month we have had three patients who attributed their illness to frequently repeated vaccinations which failed to 'take.' Vaccinating three or four times in succession in the hope of a successful 'take,' as is insisted upon by some Health Boards, multiplies the possible danger by three or four."

If the health authorities demand re-vaccination (as most of the students attending the University of California are old enough to have been vaccinated once or twice before), and insist upon carrying out the instructions of the Appellate Court, they should be made personally responsible for the results.

The action of the court and the political doctors seems to be aiming a death blow to the home of the anti-vaccination law, (Berkeley) using the office of what should be the source of greatest wisdom upon these subjects to persuade the common people to believe in cowpox.

How long will the people of California stand for such laws and injustice from the courts?

THOUGHTS ON HYPODERMIC MEDICATION

J. A. Burnett, M. D., Hartshorne, Oklahoma

When a remedy is used for general systemic effect and is suitable for hypodermic use the hypodermic mode of application is the best and most perfect way it can be used. In speaking of the hypodermic use of remedies Bracken says, "Absorption takes place quickly and the effects of the drug thus administered is more prompt and more certain than that of any other means of medication." In many cases of acute and chronic disease the stomach is not in condition to use a remedy to the best advantage. Even the laity know that the stomach is often out of order in very common complaints and cannot digest the most common food. The pain and thought of inserting the needle is why many fear a hypodermic. There is not so very much pain about a hypodermic, Dr. A. E. Hertzler estimates a hypodermic about "two mosquito power." Hypodermics should be as near painless as possible. One writer

when giving the direction for injecting a vaccine says, "The skin at the point of injection should be scrubbed with soap and water and then rubbed with a five per cent carbolic solution. This disinfectant acts as a local anesthetic thus diminishing the pain of the injection." Hypodermic medication is getting more popular all the time and soon the intelligent class of the laity will know of its great value and advantage over all other modes applying certain remedies in certain conditions.

CAPITAL PUNISHMENT

W. M. Alter, M. D., England, Arkansas

I have never believed in taking human life, although death is the Divine penalty pronounced by Diety, Himself, on violators, yet I have always thought that when the state or any judicial power persecutes the criminal victim, bringing to bear all the malicious machinery of the Magna Lex Talonis it becomes criminal itself. And while it is desirable to protect the people from the evils of criminal violators any further is a manifestation of revengeful tyranny.

Imagine a court presided over by a judge who was in spirit a follower of Jesus Christ, passing sentence of death on a criminal before his bar, such a judge would not pass such a sentence. Because it is perfectly inconsistent with the spirit of our Lord and Saviour Jesus Christ. He, who, when called on to decide a point of the law by deciding in the case of the woman caught in the act of adultery showed His adherence to this glorious principle of His law, which we term the Golden Rule: "As ye would that men should do to you do even so to them likewise." For He declared: "This is the law and the prophets." Uncovering the fact, as He did in the woman's case that sinful mortals had no right to execute such a law. "Let them without sin cast the first stone."

Many good men may have presided over judicial tribunals which decide the issues of the life and death of individuals, but if they did so without some conscientious scruples on this point it was on account of being educated into the customs so as to ignore the attribute of mercy, we claim as one of the deific attributes. I have known some ministers of Christ, whom I thought were sincere, but when I learned that hunting and killing animals, including deer, afforded pleasure and sport, I felt sorry for there was an element of savagery which their nature had retained unregenerate.

No, a generation before ~~this~~ men might delight in such sports without being judged inhuman, because animals were often too numerous for the benefit of society, and were often

needed to increase the food supply, but now where this is demanded for sport it is barbarous and shocks the finer instincts of Christianity. So, I view judicial punishment where it extends any further than to protect others from the consequences of the criminal's acts; it is barbarous.

If our judiciary could compel medical men to sit on juries and would omit the charge usually given to decide cases involving the death penalty, there would be no death sentences pronounced by a doctor jury. No, because we know that many who commit crime inherit their criminal proclivities from their parents, and are the victims of circumstances adverse to their inherent instincts and by us might very properly be termed to some extent, degree of insanity.

It is a difficult matter to point out the exact point in the phenomenon of mental morals where sanity ends, and insanity begins. Consequently, I claim that for a doctor jury to pass sentence to hang or put to death in any crime would indicate a degree of insanity in the medical profession, which I think is not the case in this line. No doctor would advise confinement and suitable treatment in order to strengthen the mental forces in favor of a higher standard of morals. The spirit of vindictive tyranny among men in courts or in churches or neighborhoods is anti-Christian and is not conclusive to the progress of the spirit of Christ, whose advent announced: "Peace on earth and good will to men." And I am proud to think that doctors are educated that they may see the great mercy the Deity has manifested toward man through Jesus Christ, by showing that we should all be our brother's keepers.

As doctors we view criminals as unfortunate perverts whose parents have loaded them during their pre-natal biography with criminal instincts which begins to be irritated by environments as soon as they come on the stage of action. And that the only way to prevent having a class of that kind is to treat the subject with eugenic philosophy by instructing the race in this important subject, teaching it that it is through the laws governing the generations of our race, that we inherit crimogenic and pathogenic tendencies, and by beginning to treat the pre-natal citizens of our world. Through parentage we can eliminate this undesirable class, and fill their places with a race of useful men and women. When we do this we will need no expensive judiciary to frighten criminals, nor expensive medical establishments. In order to give more force to this program in carrying out this desirable policy let us try to abolish poverty. Christ said: "The poor ye have always with you," but He did not say it was a desirable condition that would never be abolished. We doctors sometimes think that there is something wrong with a social policy which makes an enormously rich and poor class.

THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

The Official Organ of the Eclectic Medical Society of the State of California, the California Eclectic Medical College, the Southern California Eclectic Medical Association, the Los Angeles County Eclectic Medical Society and the Los Angeles Eclectic Polyclinic.

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Contributions, Exchanges, Books for Review and all other communications should be addressed to THE CALIFORNIA ECLECTIC MEDICAL JOURNAL, 818 Security Building, Los Angeles, California. Original Articles of interest to the profession are solicited. All rejected manuscripts will be returned to writers. No anonymous letters or discourteous communications will be printed. The editor is not responsible for the views of contributors.

THE PREMEDICAL YEAR

There are many sources of pleasure in this old world of ours which we rightfully may enjoy, because in so doing no one is harmed thereby. And of these the one that most appeals to us, personally, is the enjoyment of obtaining an education. In our extreme youth we were taught that "knowledge is power" and this is true provided it is applicable to the matter in hand. Some knowledge of Latin is a necessity in the study of medicine but it does not help one to find a water hole on a desert. Knowledge may be utilitarian or it may be a luxury—it all depends. Furthermore we venture to assert that if one has enough utilitarian knowledge to earn his bread and butter it is his privilege to revel in the luxury of more knowledge to carry an excess baggage, if you please. In the successful practice of medicine a certain amount of technical knowledge is a necessity and in addition thereto a professional man should have enough of the knowledge common to his people to make him, in a sense, a leader among men. It is not necessary that such information must be learned from books, but that frequently is the easiest way to get it. The study of the natural sciences having become common it is desirable that the medical

man should be informed thereon—in fact it is permissible to make it a requirement for graduation assuming that the means of easily obtaining this knowledge are also provided at the same time. We believe in a “high standard,” but we do not believe in “shutting out” the poor boy who has to fight for an education.

The legislators of California in their wisdom have solved this problem. It now is possible for a California High School graduate to continue his studies right along without interruption or additional expense, and to receive full credit for the work done. The way being cleared it becomes not only desirable, but also feasible to add another year—a premedical year—to the regular four-year medical curriculum. Quite naturally the California Eclectic Medical College has adopted this course. We desire to call your attention to the official announcement by the Secretary.

PREMEDICAL COURSE OF THE CALIFORNIA ECLECTIC MEDICAL COLLEGE

The trustees of the California Eclectic Medical College announce the addition of a fifth year, premedical, to the regular curriculum, beginning September, 1914. This action is taken under the authority of the resolution passed by the Board of Medical Examiners of California at their meeting held in Sacramento, March 28th, 1914, granting to the faculty of all medical colleges which are recognized by this Board the right to institute such a course, and granting full recognition for all grades and credentials obtained in such course.

The following subjects comprise the work of the premedical year, each being of recognized college grade:

Physics.

Chemistry.

Biology.

One modern language, French, German or Spanish.

Eclectic Pharmacology and Medical Terminology.

Principles of Eclectic Medicine.

Arrangements have been completed whereby the subjects of physics, chemistry, biology and one modern language may be taken at the Junior College of the Los Angeles High School, located at Hill and California streets, within five minutes' walk of the college. This is the parent High School of Los Angeles and the Junior College courses were first offered in 1912. The present enrollment of the Junior College is 200. This college is fully accredited by the University of California in all subjects. Those who have completed the freshman year

in this college are admitted to the sophomore year of the State University without examination and those who have completed the sophomore year of this college are admitted to the junior year of the State University without examination.

The remaining subjects of the premedical course are taught at the California Eclectic Medical College.

Special attention is called to the fact that the course of study of this premedical year as outlined above meets the preliminary educational requirements of every state with the exception of Colorado, Iowa, Indiana, Kentucky, Minnesota, North Dakota and South Dakota. Those intending to practice in any of the above-mentioned seven states will be required to finish the work of the sophomore year of the Junior College of the Los Angeles High School before beginning the regular four-year medical course of the California Eclectic Medical College.

H. FORD SCUDDER, M. D., Secretary.

CLOSING THE HOSPITAL

Some years ago the Journal commented on the fact that improved medical training and the betterment of medical work as a result of county medical society organizations were having a marked effect in the increase of the small hospital. All over the state, small hospitals were formed in communities that had previously been without any place where a very sick person could be properly treated or operated upon. The local men were studying up their surgery and taking postgraduate work and becoming competent to handle all the average surgical work that came along instead of sending the patient on a long, tiresome and often dangerous journey to a center where there was a hospital and a surgeon to operate. Last year we sent letters to a number of these hospitals that had formerly advertised in the Register and Directory, and several letters like the following were received in reply:

"We have decided to discontinue our hospital owing to the eight-hour law for nurses and therefore will not take the usual advertisement in the Register and Directory."

As a result of this law, which does not seem to do anyone the slightest good and which an overwhelming majority of the student nurses themselves did not want, a number of small hospitals have closed their doors, citizens of the local community are thus deprived of the hospital advantages which they had had, a large number of women are deprived of their occupation and of the chance to be educated so as to go out into the world and earn their living in a truly womanly calling; and what good

has resulted to anyone? If someone who knows will only rise up and point out to us the slightest good that has resulted, we will be profoundly thankful. We seem to have gone mad on the subject of making laws for anybody and everybody, whether they want them or not!—Calif. State Journal.

BEDSIDE ESTIMATES

Thou shalt learn
The wisdom early to discern
True beauty in utility.

—Longfellow.

The eclectics are right—the clinical test is the best test because the truest and most dependable, the Council of Pharmacy and Chemistry to the contrary notwithstanding. The C. of P. and C. had better trust the bedside calculator more and their science less, rather than taboo some remedies they do, echinacea for instance.

It is proper to place before the physician chemical and pharmaceutical knowledge of a drug, and it is also proper to trust him to decide its therapeutic status, through clinical application and observation.

Anything that is useful has a beauty all its own, and hence is truly worth perpetuation, and the useful side of remedies can be seen as clearly by anyone, and no one more than the physician sees the necessity for leaving red tape, fuss and feathers far behind in the race for a race.

The trouble is that the colleges, pharmaceutical associations and even medical examining boards have all been drifting away from the practical in therapeutics. The clinical is being divorced from the scientific. We believe there will be a limit to this and that when the returns are all in and the pendulum has swung out a bit further, the "cat will come back," and the one in the meal will lose some of its fur. If not so, why then the doctor of the future will need to be a gruesome combination of false philosophy and mere parrot like ability to answer questions according to a stereotyped plan that is far from the practical one of reaching conclusions via the comparing of bedside notes and clinical data with the findings of the chemist to discover if the ideas of the latter will hold water.

Teachers of medicine and pharmaceutical leaders must be in sympathy with everyday professional work, in fact, be anxious to keep in touch with it if medicine is to be advanced substantially.

Apropos of this let us append this good hard horse sense from an editorial in The Clinique:

"The new system of medical education, by which the student is taught almost everything except the art of practicing medicine, is already bearing fruit in that it produces an ignoble army of highly educated medical paupers. The university schools, by virtue of their violation of natural economic laws, are turning out a class of doctors who are utterly unable to practice medicine in competition with others naturally better gifted in the art. The result is that dire poverty faces a number of technically educated physicians in whom lack of common sense and of every day gumption is an all too conspicuous feature.

"The research field instead of the medical field, is now over-crowded. The writer speaks from knowledge when he avers that good research workers, who have had years of experience, can now be hired cheaper than letter carriers or policemen.

"Yet they call this 'elevating the standard'!"—Reed, in Physicians Drug News.

THE PLACE OF THERAPEUTICS IN MEDICINE

To heal the sick and relieve the suffering has always been looked upon as the essential part of the physician's work. It is true that in modern times to this has been added the teaching of the means of preserving health, which constitutes the science of preventive medicine. But this portion of his work has always been subordinated to the other and supposedly more practical part, and has been compelled to occupy the position of a side issue, as compared with the serious business of life. Men are more willing to pay for the restoration of health than for its preservation, for the cure of disease than for its prevention; and so long as the doctor is dependent on the patronage of individuals for his support, just so long will the art of therapeutics, which is the application of remedies to the treatment of disease, continue to be regarded as the most important part of medicine.

From this point of view, the surgeon is as really a therapist as the physician; the different schools of medicine stand on the same footing; and the needle and the knife, the X-ray and the electric battery, hypnotism and suggestion, the galenics and the elegant products of modern pharmacy, metallic substances and coal-tar products, the alkaloids and specific medicines, and even diet and hygiene, are all equally a part of the *materia medica*.

There is in matters relating to therapeutics, even more than in most other departments of medicine, a very prevalent and most healthy diversity of opinions and practice. If this

were not the case, if uniformity prevailed instead of diversity, then the practice of medicine would soon degenerate into the merest matter of routine, and all that would be needed to equip one for bedside work would be a book of formularies, a box of specifics, or a manufacturing pharmacist's catalogue. The study of individual cases would no longer be needed, except to determine the name of the disease. Independent thought would be at a discount.

As illustrating the opposite results to which this diversity of opinion leads in different individuals, we note on the one hand, that already in some states the subject of therapeutics is no longer given a place in the examinations of the state board for licenses to practice, which are given regardless of any knowledge of this subject, either theoretical or practical. We also see on the part of many of the most widely known members of the profession, some of whom assume to be its leaders, a contempt for drugs, and a tendency to therapeutic nihilism.

On the other hand, there has been a very general revival of interest in therapeutics on the part of the profession at large. If any one questions this statement, let him consult a file of his favorite medical journal, and compare the stated issues of say fifteen years ago with those of the current year, with regard to the number of articles published on and the amount of space devoted to therapeutics in general, and drug therapeutics in particular, during the two periods. Fifteen years ago it was quite an unusual matter to find in any journal of the regular school an article discussing the actions and uses of any single drug, except perhaps it were a new remedy, exploited by some drug firm interested in its manufacture. Today studies of drugs new and old, from an entirely impartial standpoint, are met with on every hand, and are read with eagerness by a large and increasing number of practicing physicians.

The explanation of this anomaly is found in the point of view. The men on the firing line, represented by the general practitioner in the cities, and the country doctor in general, are compelled by the exigencies of their practice, and the necessity of success, to avail themselves of any and every means for the relief of suffering and the cure of disease, and hence are giving close attention to therapeutics, including medicinal drugs and every physical and mental force which can be made subservient to this end. On the other hand, the so-called leaders of the profession are no longer dependent for their daily bread upon their success in the treatment of the sick, and hence have turned their attention from the practical to the theoretical branches, such as etiology, pathology, and diagnosis, and have gradually lost all interest in the things which they have left

behind. It is human nature to belittle the things one does not understand. It was Oliver Wendell Holmes, the poet, anatomist, and philosopher, who made the oft-quoted and much-misunderstood remark to the effect that if all the drugs in the world were thrown into the sea, it would be all the better for mankind and the worse for the fishes. But Doctor Holmes never saw the sun rise upon the day on which he could make his living by the practice of medicine, while as a teacher of anatomy he was quite above the common run, and as a poet and philosopher he had few equals in his day. It may readily be admitted that as a literary man he did more good to the world than most of us will ever do by the practice of medicine. But he knew very little about therapeutics.

So, too, with Osler, the witty after-dinner speaker, the wise teacher of medicine, the genial good fellow, the expert pathologist and diagnostician, but the poor practitioner of the healing art. When he says that pneumonia is a self-limited disease, which can neither be aborted nor cut short by any known means at our command, but which runs its course uninfluenced in any way by medicine, he shows himself to be what he is, a know-nothing in the treatment of disease. Any country doctor can tell him better. But he was simply talking from his own point of view. He spoke concerning his own knowledge. Thousands of general practitioners of all schools know better, for they can abort a considerable proportion of cases of pneumonia, or, failing in that, can favorably modify their course and termination.

After all is said and done, therapeutics occupies the center of the stage, and is more than ever in the limelight. When will our leaders lead?—J. M. F., in *Journal of Therapeutics and Dietetics*.

SECTS OR NO SECTS

There is certainly a subtle influence that works like a microbe working throughout the entire profession, and it is bringing about a sentiment so closely resembling in all its elements that which the eclectic teachers have always taught that we do not hesitate to recognize it as one and the same thing.

The editor of the Cincinnati Medical News, in commenting on an address made in the consideration of the University Medical School amalgamation with the new city hospital in Cincinnati, makes some very interesting statements. He says first we were told that there is no such thing as the allopathic or regular school in medicine. Some of the speakers seem to think

there are no such things as homeopathic or eclectic schools, but that we are all just physicians. The editor says there are schools in medicine.

Notwithstanding, a speaker claimed that in the University Medical School any professor is free to teach any system of therapeutics he may care to teach. This is true—that is, if the system is not the homeopathic or eclectic system. It would be curious to see what would happen if any professor would hint at merit in these schools.

The editor says that the homeopathic is less sectarian than the dominant school because they define a physician of their school as one who adds to his knowledge of general medicine the knowledge of homeopathic therapeutics.

Because a physician takes an especial interest in electrotherapeutics, he is not given the opprobrious epithet of electrotherapeutist as a distinct sect.

As there are schools of thought in all branches of science, so there may be schools of thought in medicine. "Do these gentlemen think that a school or schools of medicine that have had so long and honorable a career as the homeopathic and eclectic schools, and have numbered among their adherents so many conscientious and scientific physicians in the United States at least, rest wholly upon myth, fancy, mysticism, ungrounded dogma and clinical fallacy? If they do, and continue to take this attitude, they are making a very grave and serious mistake. The editor says:

"It is a significant fact that notwithstanding the tremendous decrease in the medical registration that has taken place in this country during the past ten years, the homeopathic and eclectic schools have not suffered a decrease in any degree relative to that suffered by the medical colleges of the dominant school.

"It is not due alone to the fact that the standards of the University Medical School may be somewhat more rigid than those of the eclectic school of this city, that the latter has almost twice as many students as the former. It is due to the fact that there is more academic freedom within the walls of the eclectic school than there is within the walls of the University Medical School.

"Sects in medicine are indeed unfortunate, but it should be noted that no sect ever became a sect of its own accord, but only became sectarian in so far as it is excluded from the dominant school. This was clearly the history of the early days of homeopathy, which indeed secured the vast majority of its disciples from the ranks of the general medical profession."—Ed. Ellingwood's Therapeutist.

SOCIETY CALENDAR.

National Eclectic Medical Association meets in Indianapolis, Ind., June 16, 17, 18, 1914, Dr. W. S. Glenn, State College, Pennsylvania, President; W. P. Best, M. D., Indianapolis, Ind., Secretary.

Eclectic Medical Society of the State of California meets in San Francisco, May 26, 27, 28, 1914, Judson Liftchild, Ukiah, Cal., President; H. F. Scudder, M. D., Indianapolis, Secretary.

Southern California Eclectic Medical Association meets in Los Angeles, May 5, 1914, Clinton Roath, M. D., Los Angeles, President; H. C. Smith, M. D., Los Angeles, Secretary.

Los Angeles County Eclectic Medical Society meets at 8 p. m. on the first Tuesday of each month. H. T. Cox, M. D., Los Angeles, Cal., President; P. M. Welbourn, M. D., 818 Security Bldg., Los Angeles, Secretary.

LOS ANGELES COUNTY ECLECTIC MEDICAL SOCIETY

The regular meeting of the Los Angeles County Eclectic Medical Society was held on Tuesday, April 7th, at 8 o'clock at the College.

The minutes of the previous meeting were read and approved.

Dr. Barbrick gave an interesting talk on the "Etiology and Diagnosis of Typhoid Fever." Dr. H. C. Smith and Dr. H. V. Brown spoke on "Complications and Sequelae of Typhoid Fever." Dr. Roath spoke on "Medical Treatment," and Dr. B. E. Fullmer on "Diet and Hydrotherapy." Dr. O. C. Welbourn on "Surgical Treatment." Afterwards there was a lengthy discussion covering the whole subject.

Meeting adjourned until May 5th.

H. C. COX, President.

P. M. WELBOURN, Secretary.

ANNOUNCEMENT

THE THIRTY-FIFTH ANNUAL COMMENCEMENT OF THE CALIFORNIA ECLECTIC MEDICAL COLLEGE WILL BE HELD ON WEDNESDAY EVENING, JUNE 3, 1914, AT BLANCHARD HALL, 233 SOUTH BROADWAY, LOS ANGELES.

SOUTHERN CALIFORNIA ECLECTIC MEDICAL SOCIETY

The eighteenth annual meeting, Southern California Eclectic Medical Association, Tuesday, May 5, 1914, 10 o'clock a. m. and 2 o'clock p. m., California Eclectic Medical College, 337½ South Hill street, Los Angeles.

Officers

President	Dr. Clinton Roath
Vice-President	Dr. Wm. C. Bailey
Treasurer	Dr. J. A. Munk
Secretary	Dr. H. C. Smith

Program

President's Address.....	Pres. Clinton Roath
The County Society.....	Pres. H. T. Cox
The State and National Societies.....	Dr. H. Ford Scudder
State Board Affairs.....	Dr. H. V. Brown
Discussed by	Dr. H. Ford Scudder
Our College	Dean Munk
Our Journal	Dr. P. M. Welbourn
Banquet, 12:30 p. m. sharp at the Delmonico.	
Diphtheria	Dr. A. P. Baird
Discussion led by.....	Dr. L. A. Perce
Diseases of the Eye.....	Dr. J. C. Solomon
Discussion led by.....	Dr. J. Fraser Barbrick
Menstruation after Ovaryectomy.....	Dr. O. C. Welbourn
Discussion led by.....	Dr. A. O. Conrad
Surgery of the Bones and Joints.....	Dr. T. C. Young
Discussion led by.....	Dr. B. Roswell Hubbard
Specific Medication.....	Dr. J. F. Willard
Discussion led by.....	Dr. H. C. Smith
Remarks on Dietetics.....	Dr. Q. A. R. Holton
Discussion led by.....	Dr. Oran Newton

I sincerely hope that every Eclectic in Southern California will make a special effort to attend this meeting, as matters of great importance to the Eclectics of the West are to be considered at this time.

DR. H. C. SMITH, Secretary.

ALUMNI NOTICE

We are to have a little banquet Wednesday evening, May 27, at 6 o'clock, during the next meeting of our State Society, and I take this opportunity of notifying each one who may not have received any other notice.

This banquet will be furnished at a nominal price and I want each and every one to be present and to respond to his toast.

It will not be exclusively for the members of the Alumni, but a wide-open door to any doctor, his friend or any one who may wish to attend, the only requisite being the small fee required.

And I take this opportunity of saying we would like to have with us on that occasion especially the members of the faculty and their wives and such other persons as are friendly to our cause.

I would be glad if each one who can attend would tell me a day or two in advance, that suitable preparations can be made.

Come and we assure you a royal, good time.

As children of our Alma Mater, let us assemble 'round the festal board, cast care to the wind and make it a happy, joyous event.

"Home again, home again
From a foreign shore,
And, oh, it fills my soul with joy
To meet my friends once more.
Here I dropped the parting tear
To cross the ocean's foam,
But now I'm once again with those
Who kindly greet me home."

J. T. FARRAR, President.

Banquet of the Alumni of the California Eclectic Medical College, Wednesday, May 27th, 1914, at 6 p. m., San Francisco, Cal.:

- "Echoes From the San Joaquin," Dr. Florence V. Cheney.
- "Is Santa Barbara God's Country," Dr. Benjamin Childs.
- "Always on the Job," Dr. Albert J. Atkins.
- "The Sunny South," Dr. Alex. P. Baird.
- "What I Saw in Europe," Dr. J. Fraser Barbrick.
- "Our Canal—What It Means for Us," Dr. John Ball.
- "Our Mountain Retreat," Dr. Lucien A. Bauter.
- "On the Columbia," Dr. J. Albert Born.
- "The Snows of the Sierras," Dr. George Waldo Bryant.
- "Faith in Our Alumni," Dr. Annie L. Bond Hughes.
- "How to Be a Busy Doctor," Dr. Andrew O. Conrad.
- "A Doctor of Some Weight," Dr. Wm. Martin Forster.
- "1915," Dr. Hugo Foss.
- "The Bills We Do Not Collect," Dr. J. W. Hammond.
- "Not the Big Stick, But the Big Pine," Dr. George W. Harvey.
- "What Eye Hath Not Seen," Dr. H. W. Hunsaker.
- "How It Feels to Be President," Dr. Judson Liftchild.
- "The Class of 1891," Dr. W. M. Mason.

"The Sage Brush State—How It Assimilates the Eclectic," Dr. John Perry Martin.

"United We Stand, Divided We Fall," Dr. J. B. Mitchell.

"A Quarter of a Century an Eclectic—Does It Pay?" Dr. Carl L. Murray.

"Our Home by the Sea," Dr. Oran Newton.

"The Big Pill, the Little Pill, or—," Dr. E. A. Ormsby.

"Our College," Dr. Rosa Munda Sinclair.

"Echoes from Oregon," Dr. Albert G. Smith.

"The Man in the Aeroplane—What Will He See in California 20 Years Hence?" Dr. H. C. Smith.

"Sincerity and Persistence in What We Believe and Practice," Dr. James Stark.

"Lady Physicians," Dr. A. Florence Temple.

"Is the Practice of Medicine Empiricism?" Dr. A. S. Tuchler.

"With Whom Shall We Consult?" Dr. Lewis B. Weatherbee.

"The National," Dr. O. C. Welbourn.

"The Hospital," Dr. Ira H. Wheeler.

"Anticipation and Retrospection," Dr. Wm. A. Harvey.

"Why I Love My Alma Mater," Dr. Chas. N. Miller.

"The Flavor of the Orange," Dr. Clinton Roath.

"Are We to Be or Not to Be?—That's the Question," Dr. H. J. Whitney.

Officers

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Dr. A. Florence Temple.

Ex-officio the president and secretary-treasurer.

COLLEGE NOTES**Herbert T. Cox, M. D.**

Thursday, April 9th, Prof. De Angelis took the Freshmen and Sophomore classes in tow for an instructive outing. First thing on the program was a visit to the Museum at Exposition Park, where the class in Osteology had some practical demonstrations in Comparative Osteology and Anatomy. The afternoon was thus profitably spent and in the evening, to fittingly round off the day, the party enjoyed seeing scenes in different countries by the moving picture route at Shrine Auditorium. The change was very much enjoyed by all and every one returned to work next day with pleasant memories of the day before and declaring Dr. De Angelis a first-class sight-seeing guide.

Have you seen the latest in spring fashions? If you have not seen enough of them, just step into the Senior class room at the college and notice the new design of wall paper which adorns the walls. Here you will behold the most graceful patterns modeled after the natural curves of Dame Nature herself. You will see everything from the simple epithelial cell to the complex uriniferous tubule standing out in bold colors before you. This decoration is the handiwork of Dr. J. M. Cleaver, and is intended to impress said images upon the minds of the prospective State Board Candidates, so that they would be able to recognize them in the middle of the Atlantic ocean if they found them floating in the drift.

Dr. A. Goff, graduate of C. E. M. C. class 1913, paid the college a short visit. The doctor is on her way from Loma Linda (where she took some special work) to the north of California, where she has accepted a position in a sanatorium.

Professor in Minor Surgery: "What strength solution would you use in this case?"

Student (waking up): "Full strength or stronger."

The Chemistry Department has just received a new set of Analytical Balances from Germany through Braun & Co. These are certainly very nice. The Obstetrical Department has also received a new manikin and doll, which is very substantial and practical. The new automatic microtome and freezing apparatus in the Pathological Laboratory is seeing steady service these days, as Prof. Young is keeping the Juniors busy mounting their specimens.

The Seniors have organized a quiz class and are spending all the odd hours profitably reviewing their State Board subjects.

NEWS ITEMS

For Sale: Betz body hot-air apparatus in first-class condition. Will sell for less than half price.

Wanted: To exchange a sixteen-plate static machine with motor, X-ray attachments, etc., for a coil.

Wanted: Assistantship or Locum Tenens to a busy physician or surgeon, one with hospital practice preferred. Just returned from post-graduate course in Europe.

Dr. J. Park Dougall has returned from post-graduate study in Great Britain and Europe and has changed his office to 915 Broadway-Central Building, 424 South Broadway, Los Angeles.

For Sale: An Apperson Roadster Model 1912 in good condition; will sell at a bargain.

A GALA WEEK

The annual meeting of the Alumni Association of the Eclectic Medical College will be held in the College auditorium, at 2 p. m., Monday, May 11th.

The commencement exercises will be held in Memorial Hall, Elm and Grand streets, Monday evening, followed by a reception to the graduates and visitors.

The golden anniversary meeting of the Ohio Society convenes for a three days' session, Tuesday, at 10 a. m., at the Grand Hotel, Fourth and Central avenue.

A large attendance at all these events is anticipated.

SURGICAL SUGGESTIONS

Fracture by slight or indirect violence suggests the possibility of some disease of the bone; so does non-union.

The absence of displacement in a fracture of the olecranon gives no promise of immunity from impaired function; callus formation may interfere with the joint action.

Subperiosteal fracture of the patella is an occasional cause of persistent pain and stiffness in the knee. It is one of the various things that may be discovered upon radiographic examination in cases of obscure joint disability.

If a cursory examination of a radiograph shows no fracture, in a case where clinical signs indicate its presence, look carefully within the bone shadow for the evidence of a fissuring or subperiosteal break.

Ultra-rigid asepsis and minimization of manipulation are the first great essentials in the open treatment of fractures. If these cannot be provided by the environment of the surgeon and by his experience, don't operate.

Mary's Little Calf

Mary had a little calf,
But it was white as snow,
She wore her skirt slashed up the side,
And that is how I know.

Professional Opinion

"Look how low the sun is, doctor?"
"Yes, I don't believe he'll last through the night."

No Vacation

"Doctor, why don't you take a vacation?"
"I can't now; my patients need me. They are beginning to come back from their vacations."

Exercise

Gabe—"The doctor has ordered Smithers to take more exercise."

Steve—"What's he going to do?"

Gabe—"He has decided to roll his own cigarettes."

Of Course

"Why, Jimmy, Jimmy! Have you forgotten your pencils again? What would you think of a soldier going to war without a gun?"

Jimmy: "I'd think he was an officer."

What It Was For

Patient—"But, doctor, you are not asking \$5 for merely taking a cinder out of my eye?"

Specialist—"No. My charge is for removing a foreign substance from the cornea."

Vouched For

While a Denver physician was inspecting the insane hospital at Pueblo an inmate approached him and asked: "I beg your pardon, sir, but have you a piece of toast?" "No," replied the doctor in surprise, "but I can get you a piece if you want it badly." "Oh, I wish you would. I'm a poached egg and I want to sit down."

Poor Soil

"Is the soil about this part of the country pretty good?" asked the summer boarder.

"Well, it ain't good enough to raise a mortgage on," replied the farmer as he opened a case of canned corn.

Be a Booster

Take this application blank to any friend who is not a member and tell him about the advantages of your **State Society** and its annual meetings. Tell him about the advantages of belonging to the **National**, and that he ought to help in its work or organization, and that the **National Quarterly**, of over 400 pages, is alone worth the small amount of annual dues, \$2.00. Show him what he is missing by not being with us, and get him to sign this application blank, and you mail it to your State Society Secretary, and get credit for securing a new member.

BE A BOOSTER. There are 6800 Eclectic physicians in the United States, and scarcely 1500 belong to the National, and possibly 2300 to the various State Societies. You can help us secure affiliation by some new member. **DO IT NOW.**

Application for Membership

in

The.....State Society and in the National Eclectic Medical Association.

I hereby apply for membership in the.....State Society and in the National Eclectic Medical Association, and agree to support the Constitution and By-Laws of each. This will include my subscription to the National Quarterly.

I enclose herewith \$..... annual dues for one year in both Societies.

Signed.....

P. O.....

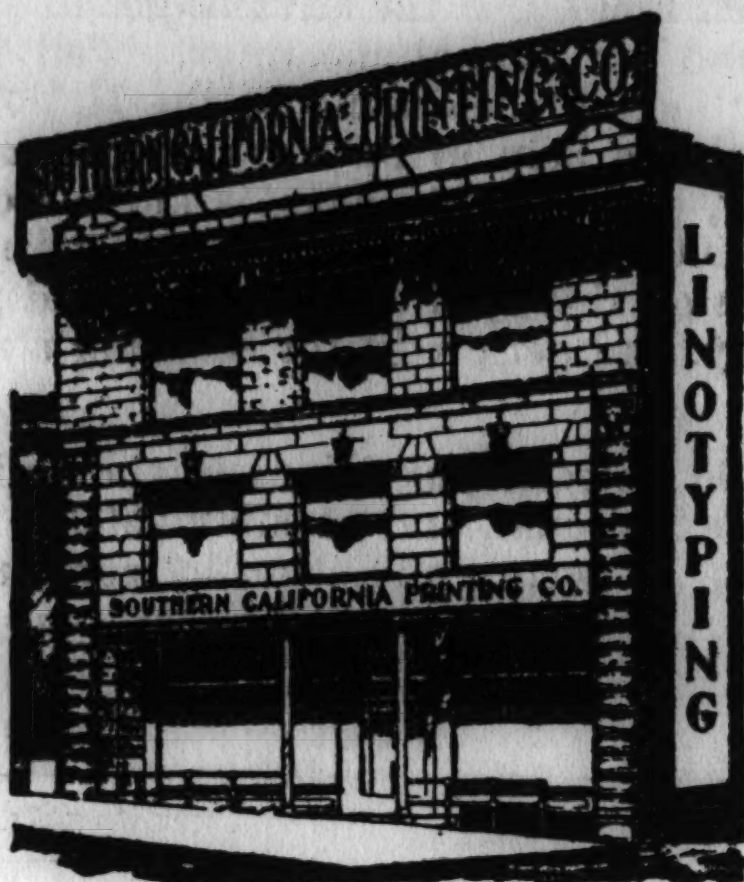
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It is the foe of medical nihilism, for it teaches the definite action of remedies upon certain abnormal conditions. It gives clear cut indications for each remedy. It is a new departure in medical therapeutics. A physician who is ambitious to do things in his profession will need this book.

"DEFINITE MEDICATION" contains about 300 pages of practical instruction, and is sold at \$2.50 prepaid.

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**In nervous fretfulness of teething Children
give five to twenty drops.**

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NASAL AND AURAL INFECTIONS

There is a growing impression among specialists in those diseases that catarrhs of the nose and ear, especially chronic discharges, are commonly the results of mixed infections. If this view is correct, is it not a fair inference that Mixed Infection Phylacogen may provide a solution to one of the most perplexing problems that the profession has been called upon to solve? There is ground for such conclusion. Certain it is that the Phylacogen referred to has produced some very satisfactory results in numerous cases which had failed to respond to conventional modes of treatment. The writer recalls several cases of this character that have been reported in the medical press during the last year and a half.

An open letter to the profession which is appearing in leading medical journals over the signature of Parke, Davis & Co. adduces additional evidence of the value of Mixed Infection Phylacogen in stubborn nasal and aural infections. This communication, which bears the title "A Letter to Medical Men," cites some cases that appear strongly confirmatory of the mixed-infection theory of etiology. All of the reports are interesting. At least one of them is remarkable: it deals with a housemaid who suffered almost total deafness in one ear for twenty-one years and whose hearing in the defective organ was practically restored after eleven injections of Mixed Infection Phylacogen.

ZEMATOL FOR ECZEMA

A few unsolicited opinions from those who have used Zematol:

Please send me at once $\frac{1}{2}$ -lb. Zematol. Do not delay as I have several cases of eczema under treatment with Zematol and it is doing the work splendidly. I must have it at once as I need it. Dr. Joseph N. Davis, Laclede, Kan.

I find Zematol the best preparation I have ever used for itching piles. Dr. D. J. Tucker, Gordonville, Texas.

Gentlemen: Recently a small patch of Eczema, which has bothered me more or less for years, began to trouble me, and I found Zematol the very best application I have ever used. It relieved the itching immediately and under its use the skin has become smooth again. L. C. Cox, M. D., San Francisco, Calif.

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Zematol Tablets contain Gold Chloride, Calcium Sulphide, Ichthyol, Echinacea, with other efficient remedies. By the use of Zematol Tablets in conjunction with Zematol the patient receives constitutional as well as local treatment, and not only is the cure made more quickly but the tendency of Eczema to recur is rendered more remote.

PRICES TO PHYSICIANS:

ZEMATOL—Ounces: Per doz. \$2.00. Bulk: $\frac{1}{4}$ -lb. 60c.; $\frac{1}{2}$ -lb. \$1.10; 1 lb. \$2.00; 5 lb. bulk, \$7.50.

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CLUB RATES

The various Eclectic publishers have decided to renew their special club offers to April 1, 1914, on a straight 10 per cent reduction, where two or more journals are ordered at one time. If you are not familiar with any of these journals, samples may be obtained on request.

	Price.	Club Rate.
American Med. Journal, 5255 Page Ave., St. Louis, Mo.	\$1.00	\$.90
California Eclectic Med. Journal, 818 Security Bldg., Los Angeles.....	1.00	.90
Eclectic Medical Journal, 630 W. 6th, Cincinnati, Ohio	2.00	1.80
Eclectic Medical Review, 242 W. 73rd St., New York, N. Y.....	1.00	.90
Ellingwood's Therapist, 32 N. State St., Chicago, Ill.	1.00	.90
National E. M. A. Quarterly, 630 W. 6th, Cincinnati, Ohio	1.00	.90
Nebraska Medical Outlook, Bethany, Nebr.....	1.00	.90
Therapeutics and Dietetics, 703 Washington St., Dorchester, Boston, Mass.....	1.00	.90

You may subscribe to any or all of the above journals through this office, the only condition being that subscriptions are paid in advance and 10 per cent discount allowed on an order for two or more, including this Journal.

Are You a Member of the National?

If not, you ought to be a member of your State and National Eclectic Medical Association.

Do you know that the NATIONAL has a right to your influence and help in strengthening its organization?

Membership includes a subscription to the official journal, THE QUARTERLY, containing all papers, proceedings and discussions, editorials and current news. It puts you in fraternal touch with the best men in our school.

Send now for application blank and sample QUARTERLY to

Wm. N. Mundy, M. D., Editor

Forest, Ohio

Los Angeles, Calif., April 15th, 1911.

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The present insistent demands are for four classes of instruments:

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Second—The demand for a **RELIABLE** portable X-Ray coil that is convenient to carry, that will do all the work the average practitioners demand. We have it in the Scheidel coil which is the most satisfactory and powerful coil put before the profession. If interested let us send you descriptive matter.

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